

TRAVEL EXPENSE CLAIM

STD 262 (REV 10/92)

See Instructions and Privacy
Statement on Reverse Side

Page 1 of 1

CLAIMANT'S NAME Will Fox			SSAN OR EMPLOYEE NUMBER			DEPARTMENT Governor's Office		
POSITION Deputy Chief of Staff			CB/ID NUMBER			DIVISION OR BUREAU Executive Office		
RESIDENCE ADDRESS			HEADQUARTERS ADDRESS State Capitol			TELEPHONE NUMBER		
CITY Sacramento			STATE CA			ZIP 95814		

DATE		TIME	LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE		BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
					BREAKFAST	LUNCH	DINNER					MILES	AMOUNT		
26-Jan	7:30am		Sac to LA	261 18	6.00	6.03			158.70	air			0.00		431.91
26-Jan			same						29.00	taxi			0.00		29.00
27-Jan			same	261 18			18.00	6.00					0.00		285.18
28-Jan			same					6.00	23.25	taxi			0.00		29.25
28-Jan			LA to Sac						158.70	air	27.00 45.00		0.00		185.70 203.70
													0.00		0.00
													0.00		0.00
													0.00		0.00
													0.00		0.00
													0.00		0.00
													0.00		0.00
													0.00		0.00
													0.00		0.00
													0.00		0.00
													0.00		0.00
													0.00		0.00
SUBTOTALS				522.36	6.00	6.03	18.00	12.00	369.65	0.00	45.00	0	0.00	0.00	
COLUMN CODE (ACCTG. USE ONLY)															
CLAIM TOTAL														961.04	\$979.04

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

Advance and staff Governor for Nuclear Tipping Point premiere in LA

NORMAL WORK HOURS
PRIVATE VEHICLE LICENSE NUMBER
MILEAGE RATE CLAIMED 0.445
AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NUMBER 240876

I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage

CLAIMANT'S SIGNATURE	DATE 2/1/10	SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE
SIGNATURE OF TITLE OF AUTH	NSSES		DATE